Child's Name:	Case Number:
Child's SSN:	DOB:
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
Relative or Non-Relative	-
Caregiver As	ssessment
If any statements below are answered No. The worker should assess whether the pradditional services to the caregiver worker later reassesses the caregiver and the No answer have changed sufficiently at that time.	rovision of reasonable assistance or ald enable the caregiver to properly child(ren)'s health and safety. If the determines that conditions supporting
Responses to the following statement undersigned.	ents have been assessed by the
1. The caregiver has been provided regulations and is capable, having sufficient physic requirements for the care and supervision to be served. [89317] [] Yes [] No	·
Comments:	
2. The caregiver is aware of the child(real and educational needs and is able to response [] Yes [] No	,
Comments:	
3. The caregiver understands State child to report any circumstances indicating the neglected [§89361]. [] Yes [] No	3
Comments:	
4. The caregiver can provide the children encouragement in participation in group spontaily living activities [89379(a)]. [] Yes [] No	

Child's	Name:	Case Number:
Child's	SSN:	DOB:
	Comments:	
	5. The caregiver is able to care for the child [§89378]. [] Yes [] No	d(ren) in a healthy and safe way
	Comments:	
	6. The caregiver will ensure that only positive promote the health and well being of the chil will not use nor allow any form of discipline trights [\$89372]. [] Yes []No	d(ren) are used in the home, and
	Comments:	
	7. The caregiver understands and agrees to maincluding the placement agreement, health and educational medical/dental treatment [§89370]. [] Yes [] No	•
	Comments:	
	8. The caregiver agrees to report all changes change in the residence or mailing address, on the home of more than 48 hours [§89370]. [] Yes [] No	-
	Comments:	
	9. The caregiver agrees to post emergency emergency situations with children and pract months [§89323]. [] Yes [] No	-
	Comments:	

Child's	Name: Case Number:	
Child's		
	10. The caregiver agrees to report any accidents, injuries or incidents that threaten to harm the physical or emotional health or safety of the child [§89361]. [] Yes [] No	
	Comments:	
	11. The caregiver has been provided with a copy of the child's personal right and understands them and agrees to ensure that all members of the household was abide by them [§89372].	
	[] Yes [] No	
	Comments:	
	12. The caregiver agrees to ensure direct care and supervision is provided meet the child's needs during participation in those activities that are sponsored by third parties [§89379(b)]. [] Yes [] No	to
	Comments:	
	13. The caregiver will provide at least three nutritious meals daily to meet child's dietary needs. [§89376]. [] Yes [] No	the
	Comments:	
	14. The caregiver will ensure all transportation for children is provided in vehicles in safe operating condition, by a driver complying with all applicable laws [§89374].	!
	[] Yes [] No	
	Comments:	

Child's Name:		Case Number:	
Child's	SSN:	DOB:	
	Assessment Summary:		
	The relative/non-relative extended family men to provide care and supervision to meet the cl	<u> </u>	
	[] Yes [] No		

Phone Number

Signature of County CWS or Probation Worker

Date

孩子姓名:	
孩子社會安全號碼:	出生日期:
	屬 或 NREFM* 人聲明及協議書
我 / 我們謹此聲明:	
1. 我 / 我們已收到,並願意遵行,州政府	F關於親屬寄養家庭的核准及經營法規總綱。 (看護人簽字)
2. 我/我們同意跟郡政府合作持守看護人	應有的規格。(看護人簽字)
3. 我/我們已收到關於孩子個人權利文件 其個人權利。(看護人簽字)	的副本;我/我們瞭解並同意保證家中所有成員都尊重
4. 我/我們同意按照安置在我們照顧之下 項目:	的任何孩子的特殊需求提供服務,這包括但不限於下列
· 提供在孩子需要和服務方案中已指認的服务 §89387.2)中的其他服務項目(如果適用的	務項目,以及在過渡至獨立生活方案(§89378(b)及]話)。(看護人簽字)
· 假如寄居孩子未成年但已作父母,在寄居在 監護孩子。(\$ 89378)(看護人簽名	孩子上學,不在家或無法照顧其子女時,親自代為照顧和 字)
• 假如孩子是殘障人士,提供必要設施以保語	護並協助孩子,且盡可能的發展他自助能力。(§89387) (看護人簽字)
· 假如孩子在10歲以下,或有發育上,或心理要照 §89387(d) 所規定的加上安全措施。_	理上的障礙,或需要特殊看護及監督,任何水池或水塘都 (看護人簽字)
在請求核准有關的申請文件內,包括我們提供 服務的資訊,我 / 我們沒有且將不會作任何不	媒關於看護人,家庭成員,家庭住處,或任何在家中提供 管或詭詐的聲明。
看護人簽名	
看護人姓名(正楷書寫)	
看護人簽名	日期
看護人姓名(正楷書寫)	

*NREFM: 是一位不是孩子的親屬,但跟孩子已建立如家人或良師般的關係的成年看護人。